



PATENT
450101-4460

2662
9/A
Allers
4/17/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Masahiko ENARI et al.
Serial No. : 09/242,814
For : MULTICHANNEL DIGITAL DATA SENDING DEVICE AND
METHOD, INFORMATION ORGANIZING DEVICE AND
METHOD, AND MULTICHANNEL DIGITAL MANAGING
DEVICE AND METHOD
Filed : June 25, 1999
Examiner : Ahmed Elallam
Art Unit : 2662

RECEIVED

APR 08 2004

Technology Center 2600

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on March 31, 2004.

Samuel H. Megerditchian

Name of Applicant, Assignee or Registered Representative

Samuel H. Megerditchian
Signature

March 31, 2004

Date of Signature

AMENDMENT

Mail Stop NON FEE AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the outstanding Office Action of January 5, 2004, please amend this application as follows:



PATENT
450101-4460

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No. : 09/242,814
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Technology Center 2600

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop Non Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	27	Minus	** =34	* 0 x	\$18 (9)	= \$ 0
Independent claims	8	Minus	*** =12	* 0 x	\$86 (43)	= \$ 0
Total additional fee for this amendment						\$ 0

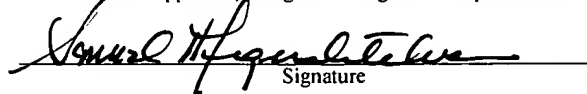
- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This response is being filed within the _____ month following the expiration of the term originally set therefor. This is a petition to request a _____ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Samuel H. Megerditchian, Reg. No. 45,678

Name of Applicant, Assignee or Registered Representative


Signature


March 31, 2004

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By:


Samuel H. Megerditchian
Reg. No. 45,678
Tel: 212-588-0800